U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 / 1 / 2004 Through:  12 / 31 / 2004  3. Name and address of person filing.  Name Kenneth  R. Carter  A. Name Plumbers and Pipefitters LU 430  Labor Organization File Number: \$40,948  P.O. Box, Bildg. Room No. if any p.O. Box 306  P.O. Box, Bulding and Room Number, if any:  Street 616 Greenwood Ave.  City Mannford  City Tulise  State Oklahoma  ZIP Code + 4 74044-3442  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including trans) with or derived income or other excommon benefit of monetary value from an employer whose employees your organization represents of is actively seeking to represent.  Take Name, if any.  P.O. Box, Bildg. Room No., if any  Street:  Cey  State  ZIP Code + 4  7. A Nature of Interest, Transaction, or Income.  15. Signature  15. Signature and verification. The undersigned declaies, under penalty of Perjuy and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents). has been examined by the signatory and is, to the best of the undersigned the information contained in any accompanying documents. has been examined by the signatory and is, to the best of the undersigned the information contained in any accompanying documents. has been examined by the signatory and is, to the best of the undersigned the information contained in any accompanying documents. has been examined by the signatory and is, to the best of the undersigned declaies. If the information contained in any accompanying documents. has been examined by the signatory and is, to	1. File Number U- 7577			2. Fiscal Year Covered From:				
A. Name and address of person filing.  A. Name (Renneth R. Carter Pumber, and address of labor organization.  Name (Renneth R. Carter Pumbers and Pipefitters IJJ 430)  Labor Organization File Number (Filing)  P.O. Box, Bidg. Room No., if any p.O. Box 306  P.O. Box, Bidg. Room No., if any p.O. Box 306  P.O. Box, Building and Room Number, if any:  Street (2908 North Harvard Ave.)  City Tuliss  State Oklahoma ZIP Code +4 74044-3442  State Oklahoma ZIP Code +4 74044-3442  State Oklahoma ZIP Code +4 74115-74  Position in labor organization.  Agent Organizer  Enter appropriate data below if, during the past fliscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Heid an interest in, engaged in transactions (including loans) with, or derived income or other conomic benefit of noreally value from an employer whose employees your organization represents of is actively aceking to represent.  Name and address of Employer (including trade name, if arry).  7. A. Nature of Interest, Transaction, or Income.  8. Income of Interest, Transaction, or Income.  7. A. Nature of Interest, Transaction, or Income.  8. Income of Interest, Transaction, or Income.  9. On 27/23/2005 (1918) 836-0430	10.7			: /: . : / .		/	/ "	
Name Renneth R Carter    Name   Plumbers and Pipefitters IU 410			.1.	1 / 25	304 Inrough:	12 / 31	/ 2004	
Labor Organization File Number 540 98  P.O. Box, Bidg, Room No., if any p.O. Box 306  P.O. Box, Bidging and Room Number, if any:  Street 2908 North Harvard Ave.  City mannford  City Tules  State Oxlahoma ZIP Code +4 74 044 - 3442  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  Lited an interest in, engaged in framaccilons (including loans) with, or derived income or other economic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent.  Name and address of Employer (including trade name, if any).  7.a. Nature of interest, Transaction, or income.  7.b. Amount.  Sizeet:  City  Size ZIP Code +4  Signature  16. Signature and verification. The undersigned deciares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report finducing the information contained in any accompanying documental). has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Lawatt H. Cautha.  On 07/23/2005 (918) 836 - 0430	<ol> <li>Name and address of person fit</li> </ol>	ling.	4. Name, fil	e number, and addi	egso of labor orga	nization.		
P.O. Box, Bidg., Room No., if any p.O. Box 306  Street 616 Greenwood Ave.  City Mannford  City Tuliss  State Oklahoma  ZIP Code +4 74044-3442  State Oklahoma  ZIP Code +4 74044-3442  State Oklahoma  ZIP Code +4 74115-74  Agent Organizer  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of moneany value from an employer whose employees your organization represents or is actively seeking to represent.  Name and address of Employer (including frade name, if any).  7.a. Nature of Interest, Transaction, or Income.  Street  City  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjuny and other applicable penalties of the law, that all of the information submitted in this report finducing the information contained in any accompanying documental, has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   Lawatth:  On 07/23/2005 (918) 836-0430	Name Kenneth	R - Carter	Name p	lumbers and I	Pipefitters	LU 430		
Street .2908 North Harvard Ave.  City Mannford City Tulisa  State Oklahoma ZIP Code + 4 74044-3442 State Oklahoma ZIP Code + 4 74115-24  Position in labor organization. Agent Organizer  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonetary value from an employer whose employees your organization represents or is actively seeking to represent.  Name and address of Employer (including frade name, if any).  Name  Trade Name, if any.  P.O. Box, Bidg, Room No., if any  7.b. Amount.  Street  Signature  16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report producing the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, thus, correct, and complete. (See the section on penalties in the instructions.)  Signed   Laweth F. Laweth F. Laweth F. Con (27/23/2005) (918) 836-0430			Labor Org	genization File Num	ber 54096	8		
City Mannford  State Oklahoma ZIP Code + 4 74044-3442 State (Oklahoma ZIP Code + 4 74115-24  Position in labor organization. Agent Organizer  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  I. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of norelary value from an employer whose employees your organization represents or is actively seeking to represent.  Name and address of Employer (including frade name, if any).  Name  Trade Name, if any.  P.O. Box, Bidg., Room No., if any  Signature  15. Signature and verification. The undersigned deciaires, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, title, correct, and complete. (See the section on penalties in the instructions.)  Signed   Law	P.O. Box, Bidg., Room No., if any P.O. Box 306			P.O. Box, Building and Room Number, if any:				
State Ok Lahoma ZIP Code +4 74044-3442 State Ok Lahoma ZIP Code +4 74115-24  Position in labor organization. Agent: Organizer  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonestary value from an employer whose employees your organization represents of is actively seeking to represent.  Name and address of Employer (including frade name, if any).  Name  7.a. Nature of Interest, Transaction, or Income.  Street:  City  State  ZIP Code +4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, they correct, and complete. (See the section on penalties in the instructions).  Signed   Agent: Organizer  Interest, Transaction, or Income.  7.b. Amount.  Signature  16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, they correct, and complete. (See the section on penalties in the instructions).	Street 616 Greenwood Ave.			Street 2908 North Harvard Ave.				
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P.O. Box. Bidg., Room No., if atry  7.b. Amount.  Street:  Signature  15. Signature and verification. The undersigned declares, under benaity of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, thus, correct, and complete. (See the section on penalties in the instructions.)  Signed   March 1.   On 07/23/2605 (918) 836-9430	nonetary value from an emplo Name and address of Employer	in transactions (including loans) with, or yer whose employees your organizati	derived inco	ne or other econo	mic benefit of eeking to repres	ent.		
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	nonetary value from an emplo i. Name and address of Employer : Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street:	in transactions (including loans) with, or yer whose employees your organization (including frade name, if any).  ZiP Code + 4	7.s. Nature	me or other econo its or is actively so of interest, Transac	mic benefit of eeking to repres	· · · · · · · · · · · · · · · · · · ·		
	nonetary value from an employer: Name and address of Employer: Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  15. Signature and verification, submitted in this report Encircling.	in transactions (including loans) with, or yer whose employees your organization (including frade name, if any).  ZIP Code + 4  Sign: The undersigned decignes, under sensity of the information contained in any accompany	7.s. Nature 7.b. Amount	ne or other econo its or is actively so of interest. Transac	amic benefit of eeking to represtion, or Income.	nat all of the infi	ormation best of the	
	nonetary value from an emploi. Name and address of Employer: Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: City State  15. Signature and verification, submitted in this report fincarding undersigned's knowledge and be	in transactions (including loans) with, or yer whose employees your organization (including frade name, if any).  ZIP Code + 4  Sign: The undersigned decignes, under sensity of the information contained in any accompany	7.a. Nature 7.b. Amount 7.b. Amount 7.b. on penal	ne or other econo  the or is actively so  of interest, Transac  ther applicable pena  s), has been examinated in the instruction	amic benefit of eeking to represition, or income.	nat all of the infi	ormation:	

Name of Person Filing Kenneth Carter		File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name Pipefitters In 430 Health & Welfare Fund	***						
Trade Name, if any:	X a. Labor Organiza	tion					
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer						
Street 2908 North Harvard Ave.	C. Chipayer						
Cay Tulsa							
State Oklahoma ZIP Code + 4 74115-2404							
10, If 9.b. or 9.c. is checked give trust or employeds name.	13.a. Nature of such deali						
Name	Union negtotiates contractors for conbenefit funds						
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street	11.b. Approximate dollar valu	e of such dealing.	Unknown				
City	12.a. Nature of interest held		2.5.1.1.0.0.0				
State ZiP Code + 4	Trustee Training C Las Vegas, NV. Ma	onference (1FEBF	ŋ				
	Air Fare \$228.00 Botel \$162.00						
	12.b. Amount,		\$1,027				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name :			:				
Trade Name, if any:			:				
P.O. Box, Bldg., Room No., if any			:				
Street			:				
City	•						
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment,		:				
entrody and action mention and a mort distant and A high administration and a second a second and a second and a second and a second and a second an			· · · . · . · . ·				